

Eastern Illinois University The Keep

Masters Theses

Student Theses & Publications

1-1-2008

The power of prayer: Examining the relationship between prayer and subjective well-being

AbA. Grove

Eastern Illinois University

This research is a product of the graduate program in [Psychology](#) at Eastern Illinois University. [Find out more](#) about the program.

Recommended Citation

Grove, AbA., "The power of prayer: Examining the relationship between prayer and subjective well-being" (2008). *Masters Theses*. 591. <http://thekeep.eiu.edu/theses/591>

This Thesis is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact tabruns@eiu.edu.

LB

1861

.C57x

P8

2008

G76

c. 2

THE POWER OF PRAYER: EXAMINING THE RELATIONSHIP
BETWEEN PRAYER AND SUBJECTIVE WELL-BEING

GROVE

THESIS MAINTENANCE AND REPRODUCTION CERTIFICATE

O: Graduate Degree Candidates (who have written formal theses)

SUBJECT: Permission to Reproduce Theses

The University Library is receiving a number of request from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow these to be copied.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

Abby A. Shore

Author's Signature

8/12/2008

Date

I respectfully request Booth Library of Eastern Illinois University **NOT** allow my thesis to be reproduced because:

Author's Signature

Date

This form must be submitted in duplicate.

The Power of Prayer: Examining the Relationship

between Prayer and Subjective Well-Being

(TITLE)

BY

Abby A. Grove

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts in Clinical Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS


2008

YEAR

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

 8-12-08

THESIS COMMITTEE CHAIR DATE

 8/12/08

DEPARTMENT/SCHOOL CHAIR DATE
OR CHAIR'S DESIGNEE

Dedication

To **God, my Heavenly Father**, who knowingly created every fiber of my being, who knew me before I was born. I thank you for sending your only Son to die on the cross for my sins. Thank you for guiding me down the path you laid out for me, supporting me along the way, never giving up on me, and most of all, loving me like only you can.

To **Dave and Cindy Grove**, my absolutely wonderful parents and best friends, for loving, encouraging, and supporting me through everything. I thank God for you both everyday! I love you, Dad and Mom!

To my church family at **Emmanuel Baptist Church** in Carlinville, IL for all your prayers and encouragement throughout this journey. You are loved!

Acknowledgements

To the **Eastern Illinois University Psychology Department:** Thank you for selecting me to attend this fine establishment and be involved in such a wonderful program.

I have learned so much!

To **Cathy Schoonover:** Thank you for being my thesis chair and friend. You helped me through this immensely; I could not have done it without you.

To **Dr. Anupama Sharma:** Thank you so much for believing in me and giving me a chance to learn and improve my clinical skills! I have learned so much from you and your classes, and I will never forget you!

To **Dr. William Addison:** Thank you for being on my thesis committee and for being so helpful and interested in my project. You are appreciated!

To **Dave and Cindy Grove:** Thank you for pushing me to strive for bigger and better things and not allowing me to take the easy way out. You two are awesome!

To **God:** Thank you for giving me the ability to learn and to serve you in all I do!

Abstract

The present study examined the relationship between types of prayer (adoration, contemplation, thanksgiving, supplication, and reception) and well-being, self-esteem, satisfaction in life, and spiritual support. For this study, there were several hypotheses. First, it was hypothesized that the more a person reported praying and feeling spiritually supported, the higher the level of self-esteem would be. Second, adoration and thanksgiving prayers would be more closely related to higher levels of subjective well-being than would confession, supplication, or reception prayers. Third, married people would report higher levels of satisfaction with life and spiritual support. Also expected were the following outcomes: (1) Protestant religions, expected to be the majority of what religions were reported, would thus have a higher showing and potentially report higher levels of subjective well-being; (2) Protestant religions would emerge as having higher levels of spiritual support than other religions.

Table of Contents

Dedication.....	i
Acknowledgements.....	ii
Abstract.....	iii
List of Tables.....	v
List of Appendices.....	vi
Introduction.....	1
Subjective Well-Being.....	1
Characteristics and Processes.....	2
Self-Esteem.....	4
Prayer.....	5
Types of Prayer.....	6
State of Prayer Research.....	7
Prayer and Subjective Well-Being/Self-Esteem.....	7
Present Study.....	13
Method.....	14
Participants.....	14
Measures.....	14
Procedure.....	16
Results.....	16
Hypothesis 1.....	17
Hypothesis 2.....	17
Hypothesis 3.....	18

Hypothesis 4.....	18
Hypothesis 5.....	19
Discussion.....	19
Conclusions.....	22
References.....	23

List of Tables

Table 1.1	
Intercorrelations for Self-Esteem, Spiritual Support, and Prayer Types with Satisfaction with Life.....	33
Table 1.2	
Regression Analysis Summary for Prayer Types, Spiritual Support, and Self-Esteem Predicting Satisfaction with Life.....	34
Table 2	
Means and Standard Deviations for Spiritual Support and Satisfaction with Life and Religious Groupings.....	35

List of Appendices

Appendix A – Multidimensional Prayer Inventory.....	27
Appendix B – Spiritual Support Scale.....	30
Appendix C – Satisfaction with Life Scale.....	31
Appendix D – Rosenberg’s Self-Esteem Scale.....	32

The Power of Prayer:

Examining the Relationship between Prayer and Subjective Well-Being

Several recent studies have examined the relationship between prayer and subjective well-being. Others have looked at the relationship between religiosity or spirituality and subjective well-being. Much of this research shows that whether prayer or religiosity is measured in relationship to subjective well-being, a positive relationship emerges. The goal of the current study is to measure that relationship using multiple types of prayer and several assessments used to measure subjective well-being.

Subjective Well-Being

Subjective well-being is a “field of psychology that attempts to understand people’s evaluations of their lives...[that] may be cognitive or consist of the frequency to which a person experiences pleasant or unpleasant emotions” (Diener, Suh, & Oishi, 1997, p. 1). To be more precise, subjective well-being pertains to how a person evaluates his or her life, which includes such things as life and marital satisfaction, being free of depression and anxiety, and having positive emotions and moods (Diener et al., 1997). Thus, if a person experiences satisfaction with life and happiness, he or she can be said to have high subjective well-being. Conversely, if he or she is dissatisfied with life and experiences negative emotions, that person can be said to have low subjective well-being.

“Well-being [is comprised of] personal evaluations of one’s emotional and psychological status and of general circumstances of one’s inner life” (Levin & Taylor, 1998, p. 695). Subjective well-being consists of a person’s own evaluation of his or her life. These evaluations can be cognitive, regarding life or occupational satisfaction, or affective, meaning the presence of joy or happiness. According to Diener and Lucas

(2000), this interpretation differs based on the person's expectations, values, or past experiences. Examples could include such things as the person's perceived level of happiness, life satisfaction and morale, and marital satisfaction.

However, subjective well-being can be affected by the person's temperament, whether or not that person's goals or needs have been met, being involved in activities of interest, and certain demographic variables such as marital status. People who are married have shown higher levels of subjective well-being than those not married, and one reason for this could be that married people have another person to share and interact with that an unmarried person does not have (Diener et al., 1997).

Characteristics and Processes. According to research, there are many characteristics, components, domains, and processes related to a person's subjective well-being. Diener et al. (1997) stated that there are three major characteristics of subjective well-being: (a) there is a wide range of emotions included that can be expressed and evaluated, (b) it is defined based on the internal experience of the person involved, and (c) it focuses on the long-term instead of the short-term. First, subjective well-being entails a variety of emotions. High subjective well-being includes such emotions as happiness, joy, peace, etc., while low subjective well-being includes such emotions as sadness, depression, anger, fear, etc. Second, no one can determine a person's subjective well-being other than the person involved. Though the person may appear to be happy on the outside and others believe this, the person may report low subjective well-being with feelings of loneliness and sadness. Third, short-term emotions do not figure into the person's level of subjective well-being. Diener and Lucas (2000) reported that stable, long-term emotions are more indicative of subjective well-being than intense, short-term

emotions. Intense emotions do not happen frequently, but when they do, they are less important to subjective well-being than the more even-keeled level of emotions.

Therefore, even though there might be an intense time of sadness in the life of a person who is normally quite happy, the sadness will not alter the overall subjective well-being the person reports.

Diener et al. (1997) also acknowledged that there are three primary components of subjective well-being: (a) satisfaction, which includes satisfaction in many areas of life relating to the person's marriage, job, and social-ness; (b) pleasant affect, which includes joy, affection, and happiness; and (c) low levels of unpleasant affect, including sadness, anxiety, and shame. All three of these components figure into determining a person's overall level of subjective well-being.

Other researchers (Bloom, Stewart, Chang, & Banks, 2004) suggested four different domains of well-being: physical, psychological, social, and spiritual. Physical well-being can be defined as the person's ability to control or relieve physical symptoms and to function independently. Psychological well-being includes the individual's ability to maintain control of his or her life despite "emotional distress, altered life priorities, and fear of the unknown as well as positive life changes" (p. 148). Social well-being deals with the person's efforts to maintain his or her roles and relationships with other people. Finally, spiritual well-being entails the individual's ability to maintain hope and find meaning from life experiences. Taken together, these domains work together to determine a person's overall well-being.

According to Diener and Lucas (2000), there are six factors that can account for differing levels of emotional well-being: 1) when evaluating their well-being, people can

look at the ratio of their pleasant to unpleasant emotions over time, 2) emotions happen as a reaction to immediate events and the current physiological state of the person, 3) intense affect rarely happens in the daily lives of most adults, 4) demographic variables, perceived attractiveness, and physical health have only a modest influence on long-term levels of emotions, 5) most people report some level of happiness, and 6) that events and circumstances must be considered in appropriate context to the lives in which they are experienced.

Subjective well-being can change due to evolving life circumstances or situational influences, but the effects of these events are fairly short-lived. Additionally, a person's subjective well-being can be determined in part by how he or she compares himself or herself to others or to societal standards. For example, if individuals surpass the standards, they will be happy and satisfied. On the other hand, if these people fall short of these standards, they will experience low levels of emotional well-being (Diener & Lucas, 2000). Common methods used to evaluate someone's subjective well-being include nationwide surveys, longitudinal studies, and controlled experiments (Diener & Lucas, 2000).

Self-Esteem. Research has suggested that there are two components that work together in determining a person's subjective well-being: self-esteem and self-concept. According to MacArthur et al. (2004), self-concept includes such aspects as a person's cognitive, behavioral, and emotional, or evaluative, functioning. Self-esteem measures the extent to which people value, appreciate, or like themselves, and it is considered to fit into the evaluative component of one's self-concept (Blascovich & Tomaka, 1991). Self-esteem entails people having either a positive or negative attitude toward themselves.

There are many factors that are related to a person's self-esteem. One factor is the person's socioeconomic status. In speaking of Rosenberg's work, MacArthur et al. (2004) cite a modest correlation between self-esteem and socioeconomic status in adolescents and a moderate correlation for adults. Another factor for adolescents is academic achievement. The adult counterpart of that is achievement at work, or how well the adult performs the tasks he or she has been assigned (MacArthur, et al., 2004).

Farnham, Greenwald, and Banjai (1999) discussed a different type of self-esteem: the concept of implicit self-esteem, which entails the way persons feel when comparing their actual self to the ideal self. Feelings of conflict can arise when these individuals feel they should be different than they actually are, and this could lower their self-esteem.

Prayer

"Prayer is more than a bowed head and folded hands. It is the deep longing that is expressed by mute bodies and by our souls, the center of being that connects us to God" (Kelcourse, 2001, p. 231). According to Kelcourse (2001), prayer comes to people naturally, and it is part of their relationship with God. Prayers express hope, in that when people pray, they hope their prayers will effectively express what they need and that they love God. Many believe that the deepest human need is for God (Wardle, 2001).

"The primary goal of Christian prayer...is to commune with God...[and] since prayer involves the interaction of a pray-er, who has physical, psychological, and spiritual properties, and the sovereign God, who exists as spirit and makes himself known in the physical, psychological, and spiritual realms, the effects of prayer are likely to be mediated by physiological, psychological, and spiritual pathways" (McCullough, 1995,

pp. 15-16). This can also be true for persons of other religions and is not strictly a Christian belief.

Types of Prayer. When examining prayer, researchers must consider the various types of prayer. According to Poloma and Gallup (1991), there are two general categories of prayer: objective and subjective. Objective prayer focuses on the object of one's prayer and devotion, such as God. Prayer included in this type would be prayers of adoration. Subjective prayer focuses on the need of the person praying. Prayers included in this type would be prayers of petition and intercession. Intercession prayers are prayers that are prayed by someone on behalf of another person (i.e. a mother praying for her sick child to get better).

In addition, there are multiple types or categories of prayer and each depends on the reasoning behind it (Poloma & Gallup, 1991). Laird, Snyder, Rapoff, and Green (2004) discussed a historic Christian model of prayer: ACTS – Adoration, Confession, Thanksgiving, and Supplication. Prayers of adoration focus on the worshipping and praising of God, without asking for anything. Prayers of confession involve telling God about things you have done (sins) and asking for forgiveness. Prayers of thanksgiving are prayers that express gratitude and appreciation for what God has done for you. Prayers of supplication include asking God to help in certain, given life situations. A fifth type has been added to the ACTS model: reception. Prayers of reception describe how the pray-er waits patiently for what God is going to do or reveal to him or her.

Janssen, De Hart, and Den Draak (1990) suggested there are seven structural elements used in a prayer: (a) need, (b) action, (c) direction, (d) time, (e) place, (f) method, and (g) effect. Need includes what the person is praying for such as healing

from an illness, help with a test at school, help for someone else, etc. Actions are what the pray-er is doing such as praising, thanking, or having a dialogue with God. Direction includes who the person is praying to; in most cases, the direction is to God. Time and place include when and where the person is praying to God, be it at night by the bed or at church during the invitation. Related to time and place is method, or how the person prays – the physical method of praying. Examples of this might be having eyes closed, head bowed, hands together, etc. Lastly, the effect of the prayer includes the outcome of what happens when praying or following the prayer. An example of this could be doing well on the test at school, getting better, or someone else's health improving.

State of Prayer Research. Prayer has not always been a subject of interest in the psychology community. According to Ladd and Spilka (2006), there was a time in the early history of modern psychology when prayer was something to be studied. After a while, however, research on prayer tapered off; more recently, research has navigated toward the study of prayer once again.

Current research on prayer shows that “religious faith is central to the lives of most Americans” (Laird et al., 2004, p. 252). According to Poloma and Gallup (1991), 90% of adult Americans report praying, including both people who do and do not attend church. Furthermore, according to Spilka, Hood, Hunsberger, and Gorsuch (2006), women pray more often and longer than men do and cover more of the different types of prayer.

Prayer and Subjective Well-Being/Self-Esteem

For Christian believers, life is a close walk with God, who is always present, and through Him, come peace, comfort, and strength (Benzein, Norberg, & Saveman, 1998).

In order to have this close walk with God, there must be a dialogue, which comes in the form of prayer. When prayers are granted or answered, feelings of hope are strengthened because this represents concrete proof that God is in charge. Again, other religions have this same belief associated with their gods. All religions have someone or some thing that they worship and pray to, and they believe that this being will help them as well (Ellison, 1991; Park, Cohen, & Herb, 1990).

According to Wardle (2001), when a trying life situation occurs, an individual falls into a downward spiral through emotional upheaval and lies/distortions, but with fervent prayers sent up to God, that downward spiral can turn around and progress upward through acceptance, comfort and peace, and thus lead to empowered living with the help of God.

According to Benzein et al. (1998), "religiosity, spirituality and hope...are often linked to...outcomes such as physical health, spiritual well-being and experienced meaning in life" (p. 1063). Their study relied on narratives given by the participants to determine their level of hope, with the ultimate hope being life after death. Perhaps subjective well-being can be increased by believing in God; this is supported by previous findings that show religious people are happier than people who claim to be non-religious (Diener et al., 1997). In addition, Ellison, Boardman, Williams, and Jackson (2001) reported that recent discussions have indicated that individuals who are religious are apt to enjoy higher levels of self-esteem and well-being than other people. Therefore, people who hold religious convictions show higher levels of well-being and life satisfaction, which can lead to feelings of self-efficacy and self-worth (Ladd & Spilka, 2006).

Plante, Saucedo, and Rice (2001) suggested that religious faith (which includes prayer) is associated not just with self-esteem but also with coping with daily stress. Though their study failed to show this, they firmly believe that an individual's ability to cope with the daily stressors of life can be correlated with the person's feeling of subjective well-being. If they had used different questionnaires to collect data, i.e. a measure to determine stress level or ability to cope, they may have had different findings. Despite that, this point of view states that "faith in God is used as a means to maintain one's sense of self-worth while coping with hardship" (Black, 1999, p. 359). In other words, prayer functions as an important coping mechanism that helps people deal with their stress (Pargament, 1997). When people pray to God, they typically plan on getting a response. Getting a response, in turn, makes the world more predictable and organized, which thus enhances the person's feelings of well-being and that person feels as though he or she has a better relationship with God (Krause, 2004).

Some researchers have argued that religiousness is accompanied by irrational thinking, emotional disturbance, and psychopathology (Maltby, Lewis, & Day, 1999). Francis and Gibbs (1996), however, stated that there are basically two theories within the study of religion and psychology that indicate a possible relationship between prayer and self-esteem. The first argues that self-esteem is aided by positive relationships and that through prayer, people have a positive relationship with God. The other argues that people usually pray when something bad happens in their lives, which suggests a negative relationship between prayer and self-esteem. It can be argued, however, that when something bad happens, people go immediately to God (or their higher power), and this can act as a buffer to protect against potential long-term effects. Thus, their self-

esteem can be boosted through a negative situation by a positive interaction with God.

Therefore, these two theories are somewhat rudimentary and do not stand alone.

Most of the existing research, points to the healthy, positive effects of prayer on subjective well-being. Meraviglia (2004) found that spirituality has a positive relationship not just with psychological but also physical well-being. In addition, Meraviglia recognized that the more a person prays and feels that connection with God, the higher his or her psychological well-being score will be. Other recent research has shown that prayer has strong influences on well-being, marital satisfaction, feelings of purpose in one's life, and religious satisfaction (Laird et al, 2004).

According to Maltby et al. (1999), literature suggests that there are many aspects of religion that are significantly related to psychological well-being. According to Diener et al. (1997), "happy people are more likely to see the bright side of affairs, pray, directly struggle with problems, and seek help from others, whereas unhappy people are more likely to engage in fantasy, blame others and themselves, and avoid working on problems" (p. 7). Christians can derive hope, meaning, subjective well-being, etc. as a result of their prayer lives, and this happens to a larger extent than that of less spiritually mature Christians (McCullough, 1995, p. 17). The same can be said of most other religions as well. People from many religions have levels of spiritual maturity and derive this hope, meaning, and subjective well-being from their prayer lives too (Ellison, 1991; Park et al, 1990).

Additionally, according to Poloma and Gallup (1991), certain kinds of prayer, or prayer content, can be more beneficial than others. In Poloma and Pendleton's (1991) study, over 500 participants provided demographic information and then answered

questions about their prayer life and about happiness, negative affect, and existential well-being. The prayer/religiosity measures included both objective and subjective items and were categorized as colloquial, petitional, ritual, or meditative prayer, and the individuals were asked to indicate how often they performed each of these tasks. Some examples include "How often do you ask God to provide guidance in making decisions?" (colloquial) and "[How often do you] ask God to speak and then listen for his answer?" (meditative). When the participants completed this task, Poloma and Pendleton (1991) performed analyses on the answers and discovered the following statements to be true: (1) meditative or contemplative prayer have a more beneficial effect on a person's well-being than other types of prayer (e.g., petitionary) and (2) people who engage in prayers that are memorized and almost mechanical are more likely to report feelings of sadness and loneliness than those who say prayers that are more spontaneous.

In the same study, Poloma and Pendleton (1991) found that "it was not...the frequency of the prayer that affected well-being, but rather whether the one praying experienced an interaction with God..." (p. 75). What matters in the prayer is feeling a connection with God. In general, people who have high life satisfaction tend to display higher levels of prayer experiences, not higher frequencies. It is not the frequency of the prayer that counts; instead, it is what happens when the person prays. Though this concept is likely true, it is unclear how Poloma and Pendleton (1989 & 1991) arrived at this conclusion through their research. The questions presented to the reader appeared to measure only frequency and not quality; therefore, more clarity is desired.

Krause (2004) measured the relationship between prayer and self-esteem in 63 elderly adults. These participants were separated into 8 focus groups, and this is how the

study was organized: (1) only the categories of Christianity or "no religion" were included in the study, while other religions were excluded because of the difficulty in measuring prayer in different religions; (2) prayer was separated into two categories: the timing of the answer and the way the prayer was answered (termed trust-based prayer expectancies); and (3) levels of self-esteem. The participants were engaged in a self-report discussion regarding how often they attend church and pray, what they expect from these prayers, and how they feel about themselves. Results of Krause's study suggested not only that the elderly population pray more often and frequently than younger adults, but also that there is a statistically significant interaction between prayer expectancies and self-esteem. In addition, an important finding emerged that suggested "...older people who believe that God answers prayers when God thinks it best, and in the way God thinks is best, tend to have greater feelings of self-worth than older adults who do not endorse these trust-based prayer expectancies" (p. 404).

In another study, Black (1999) explored the extent to which the faith of 50 women was related to their self-esteem, well-being, and coping methods during hardship. Participants in Black's study (1999) were African-American women above 70 years of age who had incomes at or below the federal poverty level in 1992. These women were interviewed about their religiosity or prayer routines and how each had affected their lives. A prominent theme that emerged from the interviews was that the women reported that they had a deep, active, personal relationship with God, and they believed that He helped them get through their hardships. Two properties of their prayers emerged as well: reciprocity (i.e. they work together with God to survive) and familiarity (i.e. their interaction with God is personal and concrete. Through reciprocity and familiarity, the

women felt a sense of self-worth and that their lives were, in actuality, part of a 'divine plan'. The women prayed actively to a God whom they believed listened and responded to them.

Present Study

Though the aforementioned studies measured the relationship between prayer and subjective well-being in the elderly population, it is important to measure this same relationship in the general population. Thus, the focus of the current study is to examine the relationship between prayer and subjective well-being in individuals across a variety of ages, ethnicities, and religions to determine the strength of the relationship and to discover if there are particular groups that have higher subjective well-being in relation to prayer.

The primary study questions address these issues and are listed below: Will increased faith in prayer be related to higher levels of satisfaction with life and self-esteem? Will certain types of prayer emerge as being more related to feelings of satisfaction with life and self-esteem? Is marital status related to level of spiritual support or satisfaction with life? Will certain religions emerge as reporting higher levels of satisfaction with life or self-esteem? Are religion and spiritual support related?

For this study, there are three major hypotheses. First, it is hypothesized that the more a person reports feeling spiritually supported, the higher the level of satisfaction with life will be. Second, adoration and thanksgiving prayers will be more closely related to higher levels of satisfaction with life than will confession, supplication, or reception prayers. Third, married people will report higher levels of spiritual support and

satisfaction with life. Additionally, it is also hypothesized that certain religions will report higher levels of life satisfaction and will report higher levels of spiritual support.

Method

Participants

There were 217 participants that participated in this experiment. Of these participants, 53 were male and 164 were female. Marital status of the participants was as follows: 75 subjects who were single/never married, 11 divorced, 118 married, 7 widowed, 1 separated, and 5 "others". There were 201 Caucasians, 3 Hispanics, 4 African-Americans, 1 Native American, 6 Asian/Pacific Islanders, and 2 "others", who were biracial. In terms of age groups, 59 subjects were 18-24 years old, 44 were 25-34 years old, 29 were 35-44 years old, 35 were 45-54 years old, 33 were 55-64 years old, and 17 were 65 years old and up. Finally, there were 16 Catholics, 95 Baptists, 2 Episcopalians, 23 Methodists, 13 Lutherans, 5 Presbyterians, 2 Buddhists, 3 Hindus, 1 New Age, 5 Atheists, 9 Agnostics, and 43 "others".

Measures

The Multidimensional Prayer Inventory (Laird et al., 2004), or MPI, measured both the quantitative and qualitative aspects of prayer (See Appendix A). Quantitative items were used to measure the frequency and length of the prayers and to measure the five theoretical types of prayer: (a) adoration, which focuses on the worshipping and praising of God, without asking for anything; (b) confession, which involves telling God about things you have done (sins) and asking for forgiveness; (c) thanksgiving, which expresses gratitude and appreciation for what God has done for you; (d) supplication, which includes asking God to help in certain, given life situations; and (e) reception,

which includes how patiently the pray-er waits for what God is going to do or reveal to him or her.

There were 21 items measuring the frequency of prayer, types of prayer, and belief in prayer, and each item is assessed on a Likert scale ranging from 1 to 7. The MPI also addressed the person's religious affiliation and the incidence of prayer in the past month. In addition, analyses by Laird et al. (2004) demonstrated acceptable internal reliability.

The Spiritual Support Scale (Ai, Tice, Peterson, & Huang, 2005) measured the amount of spiritual support the participants experience (see Appendix B). There were 12 items, which were assessed on a Likert scale ranging from 1 to 4. Example items included "I experience the love of God on a regular basis" and "My religious or spiritual faith has helped me cope during the time of difficulty".

The Satisfaction with Life Scale (Diener et al., 1997) measured the participants' perceived level of satisfaction with their lives (see Appendix C). The scale consisted of 5 items, which were assessed on a 7 point Likert scale. The highest score possible was 35, and the lowest score possible was 5. Example items included "The conditions of my life are excellent" and "I am satisfied with my life".

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) measured self-esteem (see Appendix D). Consisting of 10 items, each assessed on a Likert scale ranging from 1 to 4, the scale was designed to measure global feelings of self-worth. Sample questions included "I take a positive attitude toward myself" and "On the whole, I am satisfied with myself".

Procedure

This study recruited participants via advertisement flyers handed to them at church or e-mailed flyers. The researcher e-mailed flyers to religious and non-religious friends and family, and these people were asked to pass the link on to their friends and family. In each case, the flyer presented participants with a link, which led them to a website, where they were to complete the questionnaires. The participants accessed the web address and completed the questionnaires at this online database on www.surveymonkey.com, which collected and stored the data. Once at this site, participants completed an informed consent form. Once the participants checked the "I consent" box, they provided demographic information such as age, ethnicity, marital status, gender, and religion and completed the Multidimensional Prayer Inventory, the Spiritual Support Scale, the Satisfaction with Life Scale, and Rosenberg's Self-Esteem Scale. The database collected demographic information such as age, marital status, income, education, gender, ethnic background, and religion.

Once the participants completed the surveys, they read the debriefing, or feedback, statement that clearly detailed the purpose of the study as examining the relationship between prayer and subjective well-being, thanked them for their time and participation, and gave contact information regarding this study.

Results

Data were analyzed using a Pearson's r correlation, a multiple regression, and one-way analyses of variance (ANOVAs). It should be noted that certain religions and marital statuses were grouped together to simplify analyses. There were five religious groupings: Catholics (16), Baptists (95), other Protestants, Eastern religions, and non-

believers. The religions included in the other Protestant group were as follows: Episcopalian (2), Methodist (23), Lutheran (13), Presbyterian (5), and "others" (43) that included Christian, United Church of Christ, non-denominational, evangelical, Seventh Day Adventist, and Christian-Buddhist. The Eastern religion group was expanded to include Buddhism (2) and Hinduism (3). The non-believer group included people who claimed New Age (1), Atheism (5), and Agnosticism (9). In addition, there were three marital status groupings: Single/Never Married (75), Married (118), and others. The "others" group included people who were divorced (11), widowed (7), separated (1), or living with a significant other (5).

Hypothesis #1

A Pearson's r was conducted to assess the relationship between spiritual support (Independent Variable – IV) and satisfaction with life (Dependent Variable – DV). At an alpha level of .05, results showed that the more people reported feeling spiritually supported the higher their satisfaction with life scores were, $r(215) = .196, p < .01$. The absolute value of this correlation is low.

Hypothesis #2

A multiple regression analysis was conducted to determine whether the predictor variables of self-esteem, spiritual support, and the following types of prayer predict satisfaction with life: adoration, confession, thanksgiving, supplication, and reception. Results show that the scales and these types of prayer combined accounted for 35% of the variance in overall satisfaction with life, $F(7, 209) = 16.22, p < .001$. Reception was the only significant predictor of life satisfaction, $\beta = -.22, p < .05$. Specifically, individuals who engaged in more receptive prayer had lower life satisfaction scores.

Hypothesis #3

A one-way analysis of variance was conducted on satisfaction with life scores (DV) and the marital status of the subjects (See pp. 16-17 for grouping)(IV). At an alpha level of .05, results show that subjects from different marital statuses differed significantly in satisfaction with life, $F(2,214) = 4.44$, $p = .01$. At an alpha level of .05, results of a Tukey's HSD test indicate that married people scored significantly higher satisfaction with life scores ($M = 26.03$, $SD = 6.40$) than those who were single or never married ($M = 23.05$, $SD = 7.44$)($p < .01$). All other pairwise comparisons were not found to be statistically significant.

In addition, a one-way analysis of variance was conducted on spiritual support scores (DV) and the marital status of the subjects (IV). At an alpha level of .05, results show that subjects from different marital statuses differed significantly in spiritual support, $F(2,214) = 8.38$, $p < .001$. At an alpha level of .05, results of a Tukey's HSD test indicate that married people scored significantly higher spiritual support scores ($M = 42.10$, $SD = 7.99$) than those who were single or never married ($M = 36.28$, $SD = 11.23$)($p < .001$). All other pairwise comparisons were not found to be statistically significant.

Hypothesis #4

A one-way analysis of variance was conducted on satisfaction with life scores (DV) and religion, or religious grouping (see pp. 16-17 for grouping)(IV). At an alpha level of .05, results show that there is no significant difference among religious groups on satisfaction with life, $F(4,212) = 1.11$, $p = .36$.

Hypothesis #5

A one-way analysis of variance was conducted on spiritual support scores (DV) and religion, or religious groups (see pp. 16-17 for defined grouping)(IV). At an alpha level of .05, results show that people from different religious groups have statistically significant differences in spiritual support scores, $F(4,212) = 44.81, p < .001$.

At an alpha level of .05, results of a Tukey's HSD test indicate the following: Baptists ($M = 44.03, SD = 6.29$) scored significantly higher than Catholics ($M = 35.06, SD = 10.78$)($p < .001$), other Protestants ($M = 40.15, SD = 7.79$)($p < .01$), Eastern religions ($M = 30.00, SD = 12.39$)($p < .001$), and non-believers ($M = 17.27, SD = 7.49$)($p < .000$). In addition, Catholics scored significantly higher than non-believers ($p < .001$), other Protestants scored significantly higher than Eastern religions ($p = .030$) and non-believers ($p < .000$), and Eastern religions scored significantly higher than non-believers ($p = .011$).

Discussion

The first major hypothesis of this study was that the more a person reports praying and feeling spiritually supported, the higher the level of satisfaction with life will be. The results supported this hypothesis, but the proportion of variability explained was less than 4%. Higher spiritual support was related to higher levels of satisfaction with life. This finding can be explained by the fact that when people feel spiritually supported, there is a certain level of comfort and guidance that comes from feeling supported by a higher power. Therefore, if people feel more supported spiritually, they may also feel better about their life situation, because they are perceiving help from an outside, yet powerful source.

The second major study hypothesis was that prayers of adoration and thanksgiving will be more closely related to higher levels of satisfaction with life. Though the aforementioned outcome was expected, the results showed that prayers of reception – prayers that involve waiting for an answer or guidance – were the only type of prayer that was significantly related to satisfaction with life. However, it was negatively related to satisfaction with life; according to these results, people who spend more time waiting for guidance are more likely to report lower levels of subjective well-being. This finding might be explained by the fact that society wants answers quickly, and waiting for God (or a higher power) to answer can become frustrating at times. Thus, as frustration increases, satisfaction with life and its circumstances decreases.

The third major hypothesis was that married people would report higher levels of spiritual support and satisfaction with life. According to the results, there was a statistically significant difference among marital statuses and satisfaction with life. Specifically, married people reported higher levels of satisfaction with life than those who are single/never married. In addition, there was a statistically significant difference among marital statuses and spiritual support, with married people scoring higher on the Spiritual Support Scale, thus indicating that the single/never married people in this present study feel less spiritually supported than the married people in this study.

The fourth hypothesis was that Protestant religions would be the majority of the religions reported and, because of the higher showing, would report a higher level of satisfaction with life. However, as the results displayed, there was no statistically significant difference among religions and reported levels of satisfaction with life. This

finding indicates that people of all religions can have equally satisfying lives; satisfaction is a universal concept.

The fifth final hypothesis in this study was that those from Protestant religions would emerge as reporting higher levels of spiritual support, because they were expected to represent the majority of the participants. The findings indicate that this is the case. In fact, Baptists reported the highest level of spiritual support, and results were statistically significant over Catholics, other Protestants, Eastern religions, and non-believers. According to these results, Baptists feel more strongly supported by God (or higher power to other religions) than members of the other religious groups. Catholics and other Protestants also reported significantly greater support than members of the Eastern religions and non-believers. As expected, the non-believers reported the lowest levels of spiritual support, and this is likely because they do not believe in God or a higher power and thus do not feel that support.

Limitations to be considered for this study are as follows: First, there were only 217 people that participated in this study, but a bigger issue still is the lack of a representative sample. As can be noted in the above material, the majority of the subjects were Caucasian, married females between the ages of 18 and 34 who were Baptist. If the study had been more extensive, more people from each of the other groups and religions might have been included. Thus, the results might have been more accurate and may have yielded different findings. A second limitation for this experiment was that it was conducted on the internet. Therefore, in order to participate, people needed access to a computer and knowledge regarding the Internet.

For future studies, implications of this study indicate that a more representative sample may yield more significant findings regarding the relationship between prayer and subjective well-being. In addition, using different surveys would measure different aspects of subjective well-being. The differences between single/never married and married people in satisfaction with life and spiritual support warrants further study as well.

Conclusions

In summary, results of this study indicated the following: (1) spiritual support and satisfaction with life were significantly related; (2) prayers of reception were significantly related to satisfaction with life, and that correlation was negative; (3) married people reported significantly higher levels of satisfaction with life and spiritual support than single/never married people; (4) no specific religion emerged as reporting higher levels of satisfaction with life; and (5) Protestant religions, particularly Baptist, emerged with higher levels of spiritual support than any of the other religions or religious groupings.

This study was helpful in that it brought more attention to the field of psychology in relation to prayer. Though previous studies have indicated that prayer is positively related to higher subjective well-being, this study did not accomplish that. Given more time and an opportunity to reach a wider variety of people, this study may have shown the same.

References

- Ai, A. L., Tice, T. N., Peterson, C., & Huang, B. (2005). Prayers, spiritual support, and positive attitudes in coping with the September 11 national crisis. *Journal of Personality, 73*, 763-791.
- Benzein, E., Norberg, A., & Saveman, B. I. (1998). Hope: Future imagined reality. The meaning of hope as described by a group of healthy Pentecostals. *Journal of advanced nursing, 28*(5), 1063-1070.
- Black, H. K. (1999). Poverty and prayer: Spiritual narratives of elderly African-American women. *Review of religious research, 40*(4), 359-374.
- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes, Vol. 1*. San Diego, CA: Academic Press.
- Bloom, J. R., Stewart, S. L., Chang, S., & Banks, P. J. (2004). Then and now: Quality of life of young breast cancer survivors. *Psycho-Oncology, 13*, 147-160.
- Diener, E., & Lucas, R. E. (2000). Subjective emotional well-being. In M. Lewis & J. M. Haviland (Eds.), *Handbook of emotions* (2nd ed.) (pp. 325-337). New York: Guilford.
- Diener, E., Suh, E., & Oishi, S. (1997). Recent findings on subjective well-being. Retrieved September 1, 2007 from www.psych.uiuc.edu/~ediener/hottopic/paper.html.
- Ellison, C. (1991). Religious involvement and subjective well-being. *Journal of health and social behavior, 32*, 80-99.

- Ellison, C. G., Boardman, J. D., Williams, D. R., & Jackson, J. S. (2001). Religious involvement, stress, and mental health: Findings from the 1995 Detroit area study. *Social Forces*, 80(1), 215-249.
- Farnham, S. D., Greenwald, A. G., & Banaji, M. R. (1999). Implicit self-esteem. In D. Abrams & M. Hogg (Eds.), *Social identity and social cognition* (pp. 230-248). Oxford, UK: Blackwell.
- Francis, L. J., & Gibbs, D. (1996). Prayer and self-esteem among 8- to 11-year-olds in the United Kingdom. *The Journal of Social Psychology*, 136(6), 791-793.
- Janssen, J., De Hart, J., & Den Draak, C. (1990). A content analysis of the praying practices of Dutch youth. *Journal for the Scientific Study of Religion*, 29(1), 99-107.
- Kelcourse, F. B. (2001). Prayer and the soul: Dialogues that heal. *Journal of Religion and Health*, 40(1), 231-241.
- Krause, N. (2004). Assessing the relationships among prayer expectancies, race, and self-esteem in late life. *Journal for the Scientific Study of Religion*, 43(3), 395-408.
- Ladd, K. L., & Spilka, B. (2006). Inward, outward, upward prayer: Scale reliability and validation. *Journal for the Scientific Study of Religion*, 45(2), 233-251.
- Laird, S. P., Snyder, C. R., Rapoff, M. A., & Green, S. (2004). Measuring private prayer: Development, validation, and clinical application of the multidimensional prayer inventory. *The International Journal for the Psychology of Religion*, 14(4), 251-272.

- Levin, J. S., & Taylor, R. J. (1998). Panel analysis of religious involvement and well-being in African Americans: Contemporaneous vs. longitudinal effects. *Journal for the Scientific Study of Religion*, 37(4), 695-709.
- MacArthur, J. D., & MacArthur, C.T. (2004). Research network on socioeconomic status and health. [Electronic Version].
- Maltby, J., Lewis, C. A., & Day, L. (1999). Religious orientation and psychological well-being: The role of the frequency of personal prayer. *British Journal of Health Psychology*, 4, 363-378.
- McCullough, M. E. (1995). Prayer and health: Conceptual issues, research review, and research agenda. *Journal of Psychology and Theology*, 23(1), 15-29.
- Meraviglia, M. G. (2004). The effects of spirituality on well-being of people with lung cancer. *Oncology Nursing Forum*, 31(1), 89-94.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. New York: Guilford.
- Park, C., Cohen, L. H., & Herb, L. (1990). Intrinsic religiousness and religious coping as life stress moderators for Catholics versus Protestants. *Journal of personality and social psychology*, 59, 562-574.
- Plante, T. G., Saucedo, B., & Rice, C. (2001). The association between stress of religious faith and coping with daily stress. *Pastoral Psychology*, 49(4), 291-300.
- Poloma, M. M., & Gallup, Jr., G. H. (1991). *Varieties of prayer: A survey report*. Philadelphia, PA: Trinity Press International.
- Poloma, M. M., & Pendleton, B. F. (1989). Exploring types of prayer and quality of life: A research note. *Review of Religious Research*, 31(1), 46-53.

Poloma, M. M., & Pendleton, B. F. (1991). The effects of prayer and prayer experiences on measures of general well-being. *Journal of Psychology and Theology*, 19(1), 71-83.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton: Princeton University Press.

Spilka, B. R., Hood, W. Jr., Hunsberger, B., & Gorsuch, R. L. (2003). *The psychology of religion: An empirical approach* (3rd ed.). New York: Guilford.

Wardle, T. (2001). *Healing care, healing prayer*. Orange, CA: New Leaf Books.

Appendix A

Multidimensional Prayer Inventory

Directions Part 1: The following questions have been written to better understand private prayer. To assist you in answering these questions, scales are provided which consist of several numbers along with corresponding descriptions. Please circle **ONE** number on each scale that corresponds with the description that best indicates how you have privately prayed **during the past month** (other than during religious attendance). [In the questions that refer to "God", feel free to substitute other words or phrases such as "Higher Power", etc.]

*** If you do not pray in private, please go directly to question #21. ***

1. During the average week of this past month, I prayed approximately:

0	1	2	3	4	5	6	7
No	One	Two	Three	Four	Five	Six	Seven
days/ week	day/ week	days/ week	days/ week	days/ week	days/ week	days/ week	days/ week

*** If you have not prayed during the past month, please go directly to question #21. ***

2. On the day(s) that I did pray, I would estimate that I typically prayed ____ time(s) during the course of the day. (Please fill in **one number** that is your best estimate).

3. My prayers typically lasted for approximately:

1	2	3	4	5	6	7	8
a few	½	1	2	3-5	6-10	11-20	21+
sec.'s	min.	min.	min.'s	min.'s	min.'s	min.'s	min.'s

Directions Part 2: Now, using the scale provided below, please answer the following questions according to how often **during the past month** your prayers have included each of the activities described below. For example, if you circle the number "4", this indicates that "About half the time" your prayers **during the past month** included the described activity. [Note: Some prayers combine these different activities. Also, do not be concerned if some items appear to overlap with one another.]

Never	Little of the time	Some of the time	About half the time	Much of the time	Most of the time	All of the time
1	2	3	4	5	6	7

4. I made specific requests.

1 2 3 4 5 6 7

5. I offered thanks for specific things.

1 2 3 4 5 6 7

6. I tried to be open to receiving new understanding of my problems.

1 2 3 4 5 6 7

7. I worshipped God.

1 2 3 4 5 6 7

8. I admitted inappropriate thoughts, feelings, and behaviors.

1 2 3 4 5 6 7

9. I expressed my appreciation for my circumstances.

1 2 3 4 5 6 7

10. I tried to be receptive to wisdom and guidance.

1 2 3 4 5 6 7

11. I made various requests of God.

1 2 3 4 5 6 7

12. I confessed things that I had done wrong.

1 2 3 4 5 6 7

13. I praised God.

1 2 3 4 5 6 7

14. I opened myself up to God for insight into my problems.

1 2 3 4 5 6 7

15. I thanked God for things occurring in my life.

1 2 3 4 5 6 7

16. I asked for assistance with my daily problems.

1 2 3 4 5 6 7

17. I acknowledged faults and misbehavior.

1 2 3 4 5 6 7

18. I devoted time to honoring the positive qualities of God.

1 2 3 4 5 6 7

Directions Part 3: Please rate the degree to which prayers have an effect using the following two questions (#19 and #20):

19. I believe that my prayers have an effect on my life.

1	2	3	4	5	6	7
Strongly Disagree	Disagree		Neutral		Agree	Strongly Agree

20. I believe that my prayers have an effect on other people's lives.

1	2	3	4	5	6	7
Strongly Disagree	Disagree		Neutral		Agree	Strongly Agree

Directions Part 4: Please indicate on question #21 where you would place your beliefs:

21. My religious beliefs are most closely related to (**Check One**):

Catholicism _____

Protestantism:

Baptist _____	Episcopalian _____	Methodist _____	LDS (Mormon) _____
Lutheran _____	Presbyterian _____	Other Protestant (please specify) _____	

Judaism:

Conservative _____	Reform _____	Orthodox _____	Other Jewish _____
--------------------	--------------	----------------	--------------------

Buddhism _____

Hinduism _____

Muslim _____

New Age _____

Atheism _____

Agnosticism _____

Other (please specify) _____

Appendix B

Spiritual Support Scale

Directions: Please rate the degree to which you agree/disagree with each statement.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

1. I have an inner resource from my spiritual relationship with God that helps me face difficulties.

1 2 3 4

2. I experience the love and caring of God on a regular basis.

1 2 3 4

3. I often sense a secure unification with God in my heart.

1 2 3 4

4. Care from God provides me with peace and contentment in my uncertainty.

1 2 3 4

5. I have experienced a close personal relationship with God.

1 2 3 4

6. My profound love for God has encouraged me to survive difficulty and distress.

1 2 3 4

7. I have received spiritual support from my religious or spiritual association.

1 2 3 4

8. My religious or spiritual faith has guided me through the time of difficulty.

1 2 3 4

9. I have been inspired by my religious or spiritual faith in the face of distress.

1 2 3 4

10. My religious or spiritual faith has helped me cope during the time of difficulty.

1 2 3 4

11. I have gained inner strength from my religious or spiritual faith in the face of distress.

1 2 3 4

12. My religious or spiritual faith has provided me with comfort in uncertainty.

1 2 3 4

Appendix C

The Satisfaction with Life Scale

Directions: Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 – Strongly Agree

6 – Agree

5 – Slightly Agree

4 – Neither Agree nor Disagree

1 – Strongly Disagree

2 – Disagree

3 – Slightly Disagree

1. ____ In most ways my life is close to ideal.

2. ____ The conditions of my life are excellent.

3. ____ I am satisfied with my life.

4. ____ So far I have gotten the important things I want in life.

5. ____ If I could live my life over, I would change almost nothing.

Appendix D

Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you very strongly disagree, circle **SD**.

- | | | | | |
|--|----|---|---|----|
| 1. On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2. At times, I think I am no good at all. | SA | A | D | SD |
| 3. I feel that I have a good number of qualities. | SA | A | D | SD |
| 4. I am able to do things as well as most other people. | SA | A | D | SD |
| 5. I feel I do not have much to be proud of. | SA | A | D | SD |
| 6. I certainly feel useless at times. | SA | A | D | SD |
| 7. I feel that I'm a person of worth, at least on an
equal plane with others. | SA | A | D | SD |
| 8. I wish I could have more respect for myself. | SA | A | D | SD |
| 9. All in all, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. I take a positive attitude toward myself. | SA | A | D | SD |

Tables

Table 1.1

Intercorrelations for Self-Esteem, Spiritual Support, and Prayer Types
with Satisfaction with Life

	A	C	T	R	S	S.S.	S.-E.
SWL	.120	-.001	-.011	.055	.007	.196**	.559**
A	--	.686**	.363**	.778**	.660**	.698**	.050
C		--	.336**	.702**	.683**	.579**	-.153*
T			--	.406**	.352**	.328**	-.036
R				--	.673**	.655**	.057
S					--	.602**	-.165*
S.S.						--	.081
S.-E.							--

** Significant at the .01 level (2-tailed)

* Significant at the .05 level (2-tailed)

Key: A = Adoration
C = Confession
T = Thanksgiving
R = Reception
S = Supplication

S.S. = Spiritual Support
S.-E. = Self-Esteem
SWL = Satisfaction with Life

Table 1.2

Regression Analysis Summary for Prayer Types, Spiritual Support, and Self-Esteem
Predicting Satisfaction with Life

Variable	B	SEB	β
Adoration	.220	.381	.058
Confession	.213	.361	.053
Thanksgiving	-.048	.110	-.027
Reception	-.893	.410	-.221*
Supplication	.294	.358	.072
Spiritual Support	.128	.056	.188*
Self-Esteem	.788	.083	.572*

*Significant at .05 level

Table 2

Means and Standard Deviations for Spiritual Support and Satisfaction with Life
and Religious Groupings

Variable	Spiritual Support M	Spiritual Support SD	Satisfaction with Life M	Satisfaction with Life SD
Catholicism	35.06	10.78	23.50	7.01
Baptist	44.03	6.29	25.80	6.36
Other Protestants	40.15	7.794	24.06	7.04
Eastern Religions	30.00	12.390	27.40	7.93
Non-Believers	17.27	7.49	24.13	8.57